



# MEMORANDUM

Agenda Item No. 11(A)(15)

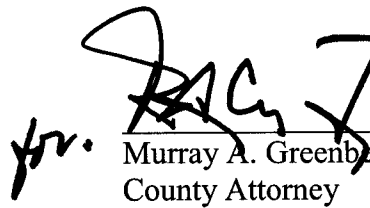
**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

**DATE:** November 1, 2005

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the West Perrine Clinic

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dennis C. Moss.

  
Murray A. Greenberg  
County Attorney

MAG/jls



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

**DATE:** November 1, 2005

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Agenda Item No. 11(A)(15)

Please note any items checked.

\_\_\_\_\_ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised

\_\_\_\_\_ 6 weeks required between first reading and public hearing

\_\_\_\_\_ 4 weeks notification to municipal officials required prior to public hearing

\_\_\_\_\_ Decreases revenues or increases expenditures without balancing budget

\_\_\_\_\_ Budget required

\_\_\_\_\_ Statement of fiscal impact required

\_\_\_\_\_ Bid waiver requiring County Manager's written recommendation

\_\_\_\_\_ Ordinance creating a new board requires detailed County Manager's report for public hearing

\_\_\_\_\_ Housekeeping item (no policy decision required)

\_\_\_\_\_ No committee review

Approved \_\_\_\_\_ Mayor

Agenda Item No. 11(A)(15)

Veto \_\_\_\_\_

11-1-05

Override \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS AND RECREATION DEPARTMENT FOR THE MIAMI-DADE COUNTY HEALTH DEPARTMENT'S OCTOBER 3, 2005 GRAND OPENING OF THE WEST PERRINE CLINIC IN AN AMOUNT NOT TO EXCEED \$1,086.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

**WHEREAS**, the Miami-Dade County Health Department has requested in-kind services from the Miami-Dade Park and Recreation Department for the October 3, 2005 Grand Opening of the West Perrine Clinic in an amount not to exceed \$1,086.00 (see attached Fee Waiver/In-Kind Service Application); and

**WHEREAS**, the Grand Opening of the West Perrine Clinic is a Countywide event, and the in-kind services shall be funded from the Countywide In-kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the Miami-Dade County Health Department's October 3, 2005 Grand Opening of the West Perrine Clinic in an amount not to exceed \$1,086.00 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman  
Dennis C. Moss, Vice-Chairman

Bruno A. Barreiro  
Jose "Pepe" Diaz  
Sally A. Heyman  
Dorrin D. Rolle  
Katy Sorenson  
Sen. Javier D. Souto

Dr. Barbara Carey-Shuler  
Carlos A. Gimenez  
Barbara J. Jordan  
Natacha Seijas  
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 1<sup>st</sup> day of November, 2005. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF  
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: \_\_\_\_\_  
Deputy Clerk

Approved by County Attorney as  
to form and legal sufficiency.

DOC

Diamela del Castillo

FVK



Jeb Bush  
Governor

John O. Agwunobi, M.D., M.B.A., M.P.H.  
Secretary

September 7, 2005

The Honorable Dennis C. Moss  
Commissioner, District 9  
111 N.W. 1<sup>st</sup> Street, Suite 220  
Miami, Florida 33128

Dear Commissioner Moss:

The Miami-Dade County Health Department is celebrating the Grand Opening of the West Perrine Clinic, October 3, 2005.

We are requesting your assistance in securing a stage from which to conduct the festivities. We have contacted Mr. Pete Dinger, Miami-Dade Park & Recreation, Showmobiles and Landscape Agency, 22200 S.W. 137<sup>th</sup> Avenue, Goulds, Florida 33170, telephone 305-257-0933 Ext. 240 and received from them a price list.


The stage we need is listed as:

Large (28'x8'x8' - \$350/first house + \$60.00 each additional house + \$316 delivery set-up and take down.

The stage is needed from 8:00 or 9:00 a.m. to 2:00 or 3:00 p.m.

Your assistance would be greatly appreciated if these charges could be waived for us.

Sincerely,

  
Olga Connor  
Director  
Office of Communication and Legislative Affairs

cc: Lillian Rivera, RN. MSN  
Administrator  
Miami-Dade County Health Department  
cc: Wayman Bannerman, Chief of Staff  
Office Commissioner Moxx

Olga Connor,  
Director  
Office of Communications  
and Legislative Affairs  
Miami-Dade County Health Department  
8323 N.W. 12 Street, Suite 212  
Miami, Florida 33126  
Tel. (786-336-1276) • Fax (786-336-1297)  
Website Address: www.dadehealth.org.

**PRIORITY**

*Cely please  
handle from Reso*

*Thanks  
W.B.  
9/15/05*

*We hope you  
can help!*

SEP 7 2005

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SEP-22-2005 12:05 FROM: COMMISSIONER MOSS

993053726011

TO: 786 336 1297

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**MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION**

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff  
Communications Department  
111 N.W. 1<sup>st</sup> Street, Suite 2510  
Miami, FL 33128

Phone: (305) 375-2836  
Fax: (305) 375-3968

\*Requests will not be considered without completion of this application.

Type of Event/Application (select one of the following):

- ☐ District Event - Request for fee waiver/in-kind services will require Commission sponsor (Complete questions 1-7, sign, date and submit prior to event)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date)

1. Full legal name of the requesting organization: Miami-Dade County Health Department

2. Corporate Status: Select one of the choices below (For profit entities are not eligible):

- ☐ Not-For-Profit or Tax Exempt (attach proof)
- ☒ Local Government or Public Entity
- ☐ Other (specify) \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Olga Connor  
M.D.C.H.D.  
8323 NW 12 Street, Suite 212, Miami, FL 33126 Tel: 786-336-1274 Fax: 786-336-1297  
olga.connor@dc.hhs.fl.gov

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Staff for Grand Opening West Perrine  
Clinic, 18255 Homestead Avenue

5. Name, description, and purpose of the event (if event is a fundraiser, define the beneficiaries): Grand Opening  
West Perrine Clinic. It's the dedication of the Clinic.

6. Please select ALL that apply to event

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): 18255 Homestead Avenue  
Homestead, FL 33157  
District # 9

SEP-22-2005 12:05 FROM: COMMISSIONER MOSS

993053726011

TO: 786 336 1297

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8. Description of regional or local impact: Clinic to serve resident of Leaside +  
surrounding areas.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Rento 4pm.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): At the event speeches will be made by Mayor Carlo Albanese,  
Donato Bullard, Councillor Dennis Moss, Councillor Gordon and others to  
patrons of Clinic and visitors.
11. Expected number of participants and estimated attendance (per day, if applicable): 100 persons.
12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed).

NA

I hereby certify that all the statements made in this application are true and correct.

Olga Conn  
Signature of Authorized Representative

9/22/05  
Date

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SEP-21-2005 03:49 PM MIAMI-DADE PARK & REC. 3052571083  
TO: 3052571083

SEP-19-2005 09:37 FROM: COMMISSIONER MOSS 993053726011

**MIAMI-DADE PARKS & RECREATION DEPT.  
SHOWMOBILE, STAGES, BLEACHERS, SOUND & PRODUCTION  
305-257-0933 Ext: 240/305-257-1083 (F)**

**EQUIPMENT CONFIRMATION FORM**

ORGANIZATION/AGENCY: Office of Commissioner Dennis C. Moss Vice-Chairman

EQUIPMENT REQUESTED: (1) Stage (24' x 40')

Dennis C. Moss

NAME OF PERSON RESPONSIBLE FOR THIS BILL: \_\_\_\_\_

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1st Street, Suite 220, Miami, Florida 33128

NAME/TITLE OF THE EVENT: Grand Opening of West Perrine Clinic

ADDRESS OF EVENT: 10205 SW Homestead Ave.

TODAY'S DATE: 9/16/05

DATE (S) OF EVENT: Oct 3, 2005

SET-UP TIME & DAY: 8:00am 10/3

TAKE-DOWN & DAY: 4:00 PM 10/3

CONTACT PERSON/PHONE: Olga Connor (786) 336-1274

AT SITE CONTACT/CELL PHONE #: Jose Garcia (786) 305-252-4382

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.  
Please contact organization for special instructions.

OTHER INFORMATION: Include additional equipment if needed.  
Please see attached request letter.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (5) five working days before the event.

\*Fee \$716.00  
\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature

Agency/Group

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE  
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED  
1/2 (HALF) OF RENTAL FEE.**

**FAXED**  
09/21/05

\*There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

☒ In-Kind ☐ Budget Allocation

DATE: 09/21/05  
SIGNATURE: [Signature]

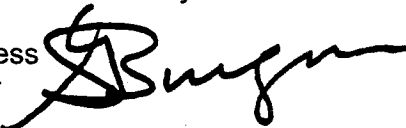


# Memorandum



**Date:** November 1, 2005

**To:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

**From:** George M. Burgess  
County Manager 

**Subject:** Countywide In-Kind Request Recommendation

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The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

## Background

The Miami-Dade County Health Department is requesting in-kind services for the grand opening of their West Perrine Clinic, scheduled for October 3, 2005.

In-kind services have been requested in the amount of \$1,086 from the Miami-Dade Park and Recreation Department for use of their show mobile. This event will be funded from the countywide in-kind reserve fund.

In FY 2005-06 the West Perrine Clinic has not received any County funding.

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